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VALIDATION OF SUBJECTIVE ASSESSMENT OF URINARY INCONTINENCE AGAINST STANDARD I-HOUR PAD TEST

Aim of the Study

The aim of this study was to determine whether subjective assessment of urinary incontinence as perceived by female patients can replace the standard 1-hour pad test in clinical practice.

Methods

All women undergoing surgical treatment for urodynamic stress incontinence in a district general hospital in the South West of England were invited to participate in the study. Each woman gave full informed consent prior to recruitment into the study. Sixty nine women in total were recruited: all had preoperative pad tests and 51 of them had in addition a postoperative pad tests giving a total of 120 pad tests results for analysis. The women were asked to classify themselves into one of the following categories:

0: Totally Continent to urine.
1: Mild Urinary Incontinence.
2: Moderate Urinary Incontinence.
3: Severe Urinary Incontinence.

All women were then asked to do the standard International Continence Society 1-hour pad test using pre-weighed pads and the pad gain was documented. A pad gain > or = to 2gm was considered a positive pad test. The results of the 120 pad tests were analysed comparing the women's perception (continent or incontinent) with the pad test result (positive or negative). The results were further analysed to determine any correlation between severity of incontinence as perceived by the women and the pad gain. Hospital notes were examined for patient demography.

Results

The age range was 42-73 years with mean age of 58 years. Sixty one women had urodynamic stress incontinence, and 8 women were diagnosed with mixed urinary incontinence and were commenced on anticholinergic medication. Of the 88 women who classified themselves as incontinent of urine, the pad test was positive on 85 occasions (96.6%) and negative (false positive) on 3 occasions (3.4%). In the group of women who classified themselves as totally continent of urine (n = 32) the pad test was positive (false negative) in five cases (15.6%) and negative in 27 cases (84.4%). Further analysis of the results of the 85 women that were subjectively and objectively incontinent for urine has shown poor correlation (r = 0.25) between the degree of urinary incontinence as perceived by patients and the pad gain. Of the 35 women who described severe incontinence, their pad gain varied widely between 5-600gm (mean 124.5 gm, median 85gm). Forty women described moderate incontinence and their pad gain varied widely between 2-311gm (mean 81.4gm, median 39.5gm). Ten women described mild incontinence and their pad gain varied between 2-143gm (mean 29.4gm, median 7.5gm). With regard to the false negative group, 2 women described mild incontinence and one described moderate incontinence. With regard to the false positive group, the pad gain varied between 2-24gm (mean 8.4gm, median 3gm).

Conclusion

This study had shown that patient perception of urinary incontinence (continent or incontinent) strongly correlates with pad test (positive or negative). However there was poor correlation between severity of incontinence as perceived by women and the pad gain. This study would suggest that in either the pre or postoperative setting, the pad test was simply as good as asking a woman if she is continent of urine or not!